

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

RECEIVED NO. 10-522883  
DRAFTING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					51	
2	/				52	
3	/				53	
4	/				54	
5	/				55	
6	/				56	
7	/				57	
8	/				58	
9	/				59	
10	/				60	
11	/				61	
12	/				62	
13	/				63	
14	/				64	
15	/				65	
16	/				66	
17	/				67	
18	/				68	
19	/				69	
20	/				70	
21	/				71	
22	/				72	
23	/				73	
24	/				74	
25	/				75	
26	/				76	
27	/				77	
28	/				78	
29	/				79	
30	/				80	
31	/				81	
32	/				82	
33	/				83	
34	/				84	
35	/				85	
36	/				86	
37	/				87	
38	/				88	
39	/				89	
40	/				90	
41	/				91	
42	/				92	
43	/				93	
44	/				94	
45	/				95	
46	/				96	
47	/				97	
48	/				98	
49	/				99	
50	/				100	
TOTAL IND.	6					
TOTAL DEP.	0					
TOTAL CLAIMS	10					